## Please fax completed form to Josh Hitchens at 302.677.7031



## **NEW ENROLLMENT AGREEMENT**

Last Name (Please Print)	ast Name (Please Print) First Na			M.I.	Social Security # or		
Home Address - Street					Employee II	) #	
					Date of Bio		
City / Town	City / Town State Zip				Date of Birth		
Please specify a <b>PER PAY CYCLE</b> , whole dollar, deduction amount. For 2010, the minimum amount <b>per pay</b> is \$10.00 and the maximum amount for the <b>year</b> is \$16,500.							
	Per Pay Cycle Deduction Amount:\$						
<b>Investment Designation:</b> By using this form to enroll in the Deferred Compensation Plan, your contributions will automatically be invested in the Plan's default fund, which is currently the Fidelity Freedom Funds. Your contributions will be deposited into one of the below funds based on your date of birth.							
Freedom Inc 1/1/1900-12		Freedom 2000 Fund 1/1/1933-12/31/1937	Freedom 2005 1/1/1938-12/31/		reedom 2010 Fund /1/1943-12/31/1947		
Freedom 20 1/1/1948-12		Freedom 2020 Fund 1/1/1953-12/31/1957	Freedom 2025 1/1/1958-12/31/		reedom 2030 Fund /1/1963-12/31/1967		
Freedom 20 1/1/1968-12		Freedom 2040 Fund 1/1/1973-12/31/1977	Freedom 2045 1/1/1978-12/31/		reedom 2050 Fund /1/1983-12/31/1987		
Enrollment cannot be completed unless each box below has been checked.							
I understand that I will receive a beneficiary designation form to complete and return to Fidelity.							
I understand that I have defaulted and will receive a list of the current investment options available so that I can actively make a selection.							
I acknowledge that I have been provided with a copy of the <u>Fidelity Freedom Fund prospectus</u> . The prospectus can be found online at <u>www.treasurer.delaware.gov</u> or <u>www.fidelity.com/atwork</u>							
Signature of Employe		Date:					

Please fax your completed form to Josh Hitchens at the Office of the State Treasurer, 302.677.7031

Last updated 04.28.10